



Commonwealth  
of Massachusetts

## Form CPF R 1 : Itemization of Reimbursements

### Office of Campaign and Political Finance

Office of Campaign and Political Finance

One Ashburton Place

Boston, MA 02108

(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: \_\_\_\_\_

Committee Name: \_\_\_\_\_ CPF ID #: \_\_\_\_\_

Amount of Reimbursement: \_\_\_\_\_

Date of Reimbursement: \_\_\_\_\_

#### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED				

Signed under the penalties of perjury:

\_\_\_\_\_  
Signature of Candidate/Treasurer

\_\_\_\_\_  
Date

Please use a separate sheet for each reimbursement check issued.